

Emergency Physician Attitudes & Practices on Prescribing Buprenorphine/Naloxone : A National Survey

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BACKGROUND

- **Emergency department (ED)** visits related to opioid use have dramatically risen since the introduction of synthetic opioids into the illegal drug market.^{1,2}
- **Buprenorphine/naloxone (BNX)** initiated in ED improves follow-up care in patients with **opioid use disorder (OUD)**.³
- Despite evidence of BNX effectiveness in reducing OUD mortality, ⁴ ED initiation remains rare.
- **Emergency physician (EP)** attitudes toward other harm reduction measures have been studied, but not those related to BNX .

Objective:

- To assess EP attitudes and practices related to ED initiation of BNX

METHODS

Study Design: Paper surveys at group meetings & on-line surveys
 • Survey instrument adapted from a published questionnaire of EP attitudes on harm reduction measures.⁵

Recruitment:

- Site leader identified at urban hospitals around Canada
- Site leaders target 75% participation of ED group member

Compensation: \$10 per group member

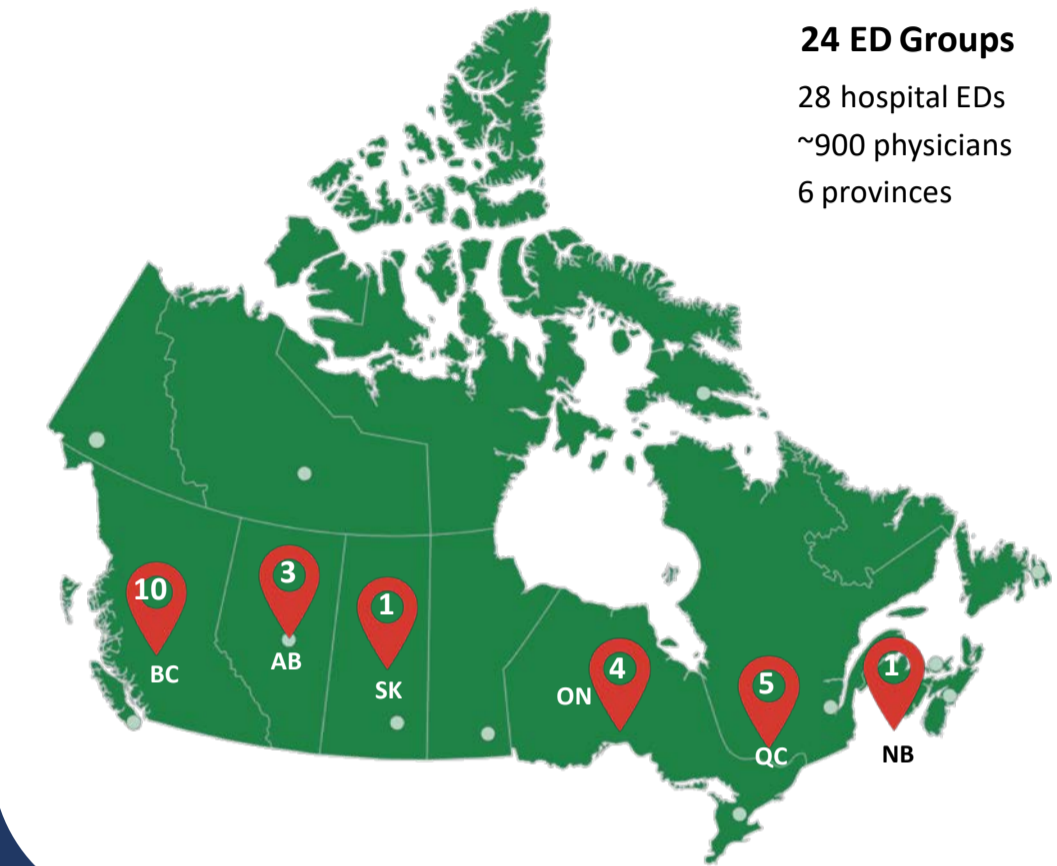
- As individual gift cards, group meals, or group raffles

Data Analysis: Descriptive statistics

Eligibility Criteria:

- Actively working in an ED in Canada
- ED practice group member (not locums)
- Did not previously participate in the study
- Not a resident physician

SAMPLE



24 ED Groups

28 hospital EDs
 ~900 physicians
 6 provinces

PRELIMINARY RESULTS

Participation

- 10 ED groups in BC in 13 EDs
- 278 responses
- All groups > 75% group participation
- 87% average participation rate

Demographics

- 33% female
- 49% > 10 years in practice

BNX Practice

- 71% had ordered BNX at least once in career
- 40% had ever ordered BNX for home induction
- 64% would order BNX for acute opioid withdrawal
- 31% would prescribe BNX for home induction
- 65% did not have BNX to-go starter packs in their EDs

Beliefs

- 81% felt ED initiated BNX would lead to decreased overdose deaths

Lessons Learned

Recruitment: Use of local EP champions as site leaders achieved high participation rate at each site
Flexibility: Adaptive study procedures at each site (i.e. type of incentive, use of online vs. paper surveys) facilitated ED group buy-in & participation
Findings: Most EPs comfortable using BNX for acute opioid withdrawal but lack familiarity & resources needed to initiate home inductions.
Conclusion: EPs need more training and support to permit large scale-up of ED BNX initiation

BARRIERS TO STARTING SUBOXONE

- #1: Lack of time during clinical encounter
- #2: Lack of adequate training
- #3: Lack of ED rooms to initiate BNX

FACILITATORS TO STARTING SUBOXONE

- Presence of an addictions specialist for referral

NEXT STEPS

National Data Collection: Data collection ongoing at additional ED groups across Canada

- 5 out of 14 remaining groups have completed data collection
- October 31, 2019 data collection completion target

Knowledge Translation:

- Canadian Research Initiative on Substance Misuse (CRISM) to publish results online and in peer-reviewed journal
- All participating sites to receive a summary of the national results, as well as their own site-specific results

Additional CRISM Projects:

- Survey results to inform current and future CRISM projects, including a systematic review, qualitative interviews and focus groups with ED physicians, surveys and interviews with patients who have been offered BNX in the ED, and a Canadian ED toolkit for BNX initiation